

RECEIPT # _____

TROY RECREATION DEPARTMENT 2005 YOUTH SWIM LESSONS (AGES 6-17)
MONDAY THRU THURSDAY
at Troy Aquatic Park

Name _____ Male/Female _____

Address _____ Phone _____

(street) (city) (zip)

E-Mail Address _____

Birthdate _____ Age _____

Allergic to any medication? _____

Doctor's Name _____ Phone _____

Emergency call _____ Phone _____

(neighbor or relative)

CLASS LIMIT OF 30

SESSION I	June 6-16	(Registration Deadline: June 1)
SESSION II	June 20-30	(Registration Deadline: June 15)
SESSION III	July 11-21	(Registration Deadline: July 6)
SESSION IV	July 25-August 4	(Registration Deadline: July 20)

 9:00-9:45 A.M. **OR** **10:00-10:45 A.M.**

NOTE: PARTICIPANTS WILL BE GROUPED WITH THEIR APPROPRIATE SKILL LEVEL AFTER THE FIRST DAY OF CLASS. PARTICIPANT REGISTERS FOR SESSION AND TIME THAT BEST SUITS YOUR SCHEDULE.

REGISTRATION FEE: \$15.00 _____ PAID

WAIVER AND RELEASE

We, the undersigned being fully aware of the dangers inherent to the sport of swimming, do give permission for our son/daughter to participate in the Youth Swim Lessons. We do hereby expressly waive any and all claims and rights of whatever nature, which may arise against the City of Troy, Troy Recreation Department, Troy Recreation Director, the supervisory staff, or their agents or servants, as a result of injuries incurred while participating in the swim program.

Date _____ Signature _____
(parent or legal guardian)

REFUND POLICY: The department will make program refunds only for the following:

1. If the program is cancelled by the department.
2. If the registered participant moves out of town before the program starts.
3. If the registered participant becomes ill before the program starts and furnishes a Doctor's statement indicating such.